

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51		/				
2		/					52		/				
3		/					53		/				
4		/					54		/				
5		/					55	/					
6		/					56		/				
7		/					57		/				
8		/					58		/				
9		/					59		/				
10		/					60		/				
11		/					61	/					
12	/						62		/				
13		/					63		/				
14		/					64		/				
15		/					65		/				
16		/					66		/				
17	/						67		/				
18		/					68		/				
19		/					69		/				
20		/					70		/				
21		/					71		/				
22		/					72		/				
23		/					73		/				
24		/					74		/				
25		/					75	/					
26		/					76		/				
27		/					77		/				
28		/					78		/				
29		/					79		/				
30		/					80		/				
31	/						81		/				
32		/					82		/				
33		/					83		/				
34		/					84		/				
35		/					85	/					
36		/					86	/					
37		/					87		/				
38		/					88		/				
39		/					89		/				
40		/					90		/				
41	/						91		/				
42	/						92		/				
43	/						93		/				
44		/					94		/				
45		/					95		/				
46		/					96		/				
47		/					97		/				
48		/					98		/				
49		/					99		/				
50		/					100		/				
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						